2
-40
-39
23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34729

Registration District No. 30 — Primary Registration District No. 3004 — Registrar's No. 73

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 301 N Delaware
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

(c) City or town Butler
(If outside city or town limits, write "RURAL")

(d) Street No. 301 N Delaware
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Rhoda Kate Haggard

3. (b) If veteran, name war ✓

3. (c) Social Security No. —

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Jackson Haggard

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May (Month) 7 (Day) 1872 (Year)

8. AGE: Years 68 | Months 4 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Winchester Co (City, town, or county) Ky (State or foreign country)

10. Usual occupation Owner and manager

11. Industry or business Rooming House

FATHER
12. Name M I Wells.
13. Birthplace Winchester Co (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Amanda J Fox
15. Birthplace Winchester Co. (City, town, or county) Ky (State or foreign country)

16. (a) Informant Mrs John Cumpton
(b) Address Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7. 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Crescent Hill

18. (a) Signature of funeral director Culver
(b) Address Butler Mo

19. (a) Oct ober 7 1940 (Date received local registrar) (b) Nina L Culver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day Oct year 1940. hour 6:30 a minute M.

21. I hereby certify that I attended the deceased from 10-3, 1940, to 10-5-, 1940, that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature [signature] (M.D. or other) Oct 6/1940
Address Butler Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 11-40-1614
Date Filed 11-12-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, [redacted]
....., Registered Apprentice No.....
working under my personal supervision.

Signed R. L. Fenton Li
Licensed Embalmer No. 4123
P. O. Address Butler, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.